No X	nild because Yes	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	d" income, trans irst consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
N _s	osed. Have you Yes	d certain other "excepted trusts" need not be disck	e on Ethics and dependent chil	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	NSWER EACH OF THESE QUESTIONS	— A	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	stion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	™	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
™	rangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
N _o	before the date Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	No No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
× ×	eceive any the reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	ž X	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
No.	eceive any gating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No U	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office: Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: FOR APA House of Representatives District: Two o Annual (May 16, 2011) Amendment
2	2011 JUN - 3 PM 4: 44 U.S. HÖÜSE ÜKÖftice Use Only)	Daytime Telephone: 202-225-5235	Daytime 1	Name: WILLIAM STEVE SOUTHERLAND I
	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Sec	purity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Framples: State of Maryland	Legislative Pension	\$9,000
:	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
SOUTHERLAND TAMILY FUNERAL HOMES	OFFICER'S SALARY	89,917
FORETHOUGHT LIFE INSURANCE COMPANY	COMMISSIONS	2,011
SOUTHERLAND FAMILY FUNERAL HOMES	Speuse Savaray	7/4

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		MERRILL LYNCH CASH ACCT	STE NC BUS	FUNERAL SERVICE INC. STOCK	PANAMA CITY, FLORIDA	1st Bank of Paducah, KY Accounts	Examples:	SP, Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or fir you so choose, you may indicate that an asset or fir you so choose, you may indicate that an asset or fir one source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Asset and/or Income Source ldentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirements are considered which are self-directed account which are set of the select the specific investments).
		٦	₩	l l		╀	┿	╀		
		V				╁	1_	-	None > \$1 - \$1,600	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	-					╅	- def	- ا	\$1,001 - \$15,000	cate britin hod hod ass
	RTE.		X 27 (3) - 3		V- 38	3	Indefinite		\$15,001 - \$10,000	ed i
	<u> </u>	· · · · · ·	<u> </u>	F-2-17-22		.78 87C	38	×	\$50,001 – \$100,000 m	Val alue ear. her cify was s ir
						1	d		\$100,001 - \$250,000	BLC
			\supset			1	30.0	1	\$250,001 – \$500,000	BLOCK B Je of As of asse If you u than fair the methe sold durir cluded o me, the v
						1	1	İ	\$500,001 - \$1,000,000 ±	BLOCK B Value of Asset value of asset at close I year. If you use a valuation other than fair market valu pecify the method used. Set was sold during the reporting at was sold during the reporting the is included only because d income, the value should the
					\sim	1	-		\$1,000,001 - \$5,000,000 -	e at mar mar dus
						十		1	\$5,000,001 - \$25,000,000	ket ch sket
						Ť	1	1	\$25,000,001 - \$50,000,000	close valuat valet
						8	1.	1	Over \$50,000,000	be it lion
	-		>		\times	7			NONE	==000 ==0 == = = = = = = = = = = = = =
				$\triangleright <$		1	1. ,	×	DIVIDENDS	Type of inc Type of inc Check all columns it retirement accounts the you to choose specific that generate tax-def (such as 401(k) plans may check the "Nu. Dividends, interest, gains, even if reinves disclosed as income. If the asset generated ring the reporting period
						T×	(1	RENT	men chicass ass
									INTEREST	III out accompany to accompany
								×	CAPITAL GAINS	BLOCK (be of inc olumns the coounts the e specific te tax-def (k) plans the "Nu interest, if reinves income. enerated reting period
		`							EXCEPTED/BLIND TRUST	BLOCK C e of Inco ounts that specific ir
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	ç <u>.</u>	*********	\geq		\geq	\mathbf{I}			None –	Fo you that as as church was
				$\geq \leq$					\$1-\$200	Amount of In Amount of In Amount of In For retirement accounts the you to choose specific in that generate tax-deferred that generate tax-deferred as 401(k) plans or IRAs), the "None" column. For a indicate the category checking the appropriational checking the appropriational pividends, interest, and even if reinvested, must as income. Check "None was earned or generated."
			ļ,				-		\$201 - \$1,000 =	All irem cho cho ners ners ners ners ners ners ners ners
		· .				L		×	\$1,001 - \$2,500 <	Amo ament shoose erate t) plans ie" colu the the the the the the the the the the
					ļ	1			\$2,501 - \$5,000 <	BLC acco
						×			\$5,001 - \$15,000	BLOCK D Int of In accounts the account to the account to the account the account to the accounts the account the accounts the account the
							<u> </u>		\$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦	BLOCK D bunt of Inc. It accounts that the especific investax-deferred in tax-deferred in the sort
				<u> </u>		1			· · · · · · · · · · · · · · · · · · ·	BLOCK D Amount of Income ment accounts that do n choose specific investm erate tax-deferred incom) plans or IRAs), you ma e' column. For all other the category of ince the appropriate box ds, interest, and capita einvested, must be dis ne. Check "None" if no ned or generated.
 		<u> </u>			-	+	×		\$100,001 - \$1,000,000 \(\overline{\times}\)	not not men men men men men ay as yr
1					-		4 ~	1	\$1,000,001 \$5,000,000 × Over \$5,000,000 ×	Amount of Income Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
1							- 1	i	1 1000 E (010 1100 X	
						+	-	-	XI portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE V— LIABILITIES

Name WILLIAM STEVE SOUTHERLAND I

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business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving** charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

	1			T
K			SP, DC, JT	
GEMB LENDING	BANK OF AMMERICA	Example: First Bank of Wilmington, DE	Creditor	
2006 7006	2007	May 1998	Date Liability Incurred Mo/Year	
32 FT. CENTURY BOAT	528 W BALDWIN Ed. PALAMARTY FI	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			\$10,001- \$15,000	1
			\$15,001- \$50,000	
			\$50,001- \$100,000	
		×	\$250,000 D	
			\$500,000 m 5	
			\$1,000,001-	
			\$5,000,000 x \$5,000,001- x \$25,000,000	
			\$25,000,000 \$25,000,001- \$50,000,000	
			Over \$50,000,000 ~	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	Source Source Example: Mr. Joseph H. Smith, Anytown, Anystate	Description Silver Platter (determination on personal friendship received from Committee on Standards)
	None	702
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